

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF New Jersey

In re Laura Nicolew-Berman

Case No. 18-17673-SLM  
Reporting Period: May 2019

MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)

File with the Court and submit a copy to the United States Trustee within 20 days after the end of month

Include FORM MOR-1 (INDIV) if debtor is a wage earner.  
Substitute FORM MOR-2 (RE) for MOR-1 if case is a Single Asset Real Estate case.  
Submit a copy of the report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	✓	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	✓	
Copies of bank statements		✓	
Cash Disbursement journals			
Statement of Operations			
Balance Sheet			
Status of Postpetition Taxes			
Copies of IRA Form 6123 or payment receipt			
Copies of tax returns filed during reporting period		✓	
Summary of Unpaid Postpetition Debts			
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging		✓	
Debtor Questionnaire			

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Laura Nicolew-Berman  
Signature of Debtor

Date

6/15/19

\_\_\_\_\_  
Signature of Joint Debtor

Date

\_\_\_\_\_  
Signature of Authroized Individual\*

Date

\_\_\_\_\_  
Print Name of Authroized Individual

\_\_\_\_\_  
Title of Authorized Individual

\*Authroized individual must be an office, director or shareholder if debtor is a corporation, a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Laura Nicole Berman

Case No. 18-17673-SLM

Reporting Period: May 2014

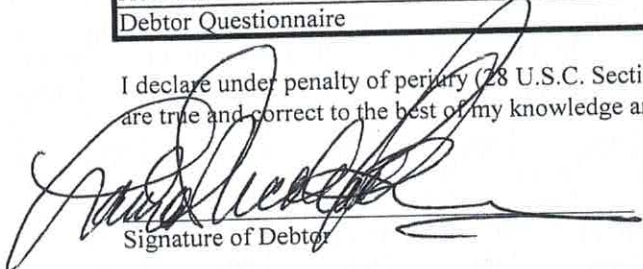
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Signature of Debtor

Date

\_\_\_\_\_  
Signature of Joint Debtor

Date

\_\_\_\_\_  
Signature of Authorized Individual\*

Date

\_\_\_\_\_  
Printed Name of Authorized Individual

Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.



In re Laura Nicoleau-Berman

Case No. 18-17673-SLM

Debtor

Reporting Period:

May-19

### INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
<b>Cash - Beginning of Month</b>	10803.02	
<b>RECEIPTS</b>		
Wages (Net)		
<b>Interest and Dividend Income</b>		
Alimony and Child Support	2500	
Social Security and Pension Income		
Sale of Assets		
Other Income ( <i>attach schedule</i> )	38582	
<b>Total Receipts</b>	41082	
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS:</b>		
Mortgage Payment(s)		
Rental Payment(s)	6400	
<b>Other Secured Note Payments</b>		
Utilities		
Insurance	1353.5	
Auto Expense	200	
Lease Payments		
IRA Contributions		
Repairs and Maintenance	195.53	
Medical Expenses		
Food, Clothing, Hygiene	4300	
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate	2366.4	
Taxes - Personal Property		
Taxes - Other ( <i>attach schedule</i> )		
Travel and Entertainment		
Gifts		
Other ( <i>attach schedule</i> )		
<b>Total Ordinary Disbursements</b>	14815.43	
<b>REORGANIZATION ITEMS:</b>		
Professional Fees		
U. S. Trustee Fees	650	
Other Reorganization Expenses ( <i>attach schedule</i> )		
<b>Total Reorganization Items</b>	650	
<b>Total Disbursements (Ordinary + Reorganization)</b>	15465.43	
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>	25616.57	
<b>Cash - End of Month (Must equal reconciled bank statement)</b>	36419.59	

## Wells Fargo Everyday Checking

May 31, 2019 ■ Page 1 of 3



DEPARTMENT OF ENERGY



LAURA NICOLEAU-BERMAN  
DEBTOR IN POSSESSION  
CH 11 CASE #18-17673(NJ)  
703 DOCTORS PATH  
RIVERHEAD NY 11901-1507

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

### Activity summary

Beginning balance on 5/1	\$6,744.16
Deposits/Additions	38,582.00
Withdrawals/Subtractions	15,665.43
Ending balance on 5/31	\$29,660.73

## Questions?

Available by phone 24 hours a day, 7 days a week:  
Telecommunications Relay Services calls accepted  
1-800-TO-WELLS (1-800-869-3557)

**1-800-TO-WELLS (1 800 869 3557)**

TTY: 1 800 877 4833

En español: 1 877 727-2932

1 800 288 2288 (6 am to 7 pm PT, M-F)

Online® [wellsfargo.com](http://wellsfargo.com)

Write: Wells Fargo Bank, N.A. (348)  
P.O. Box 6995  
Portland, OR 97228-6995

### Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com](http://wellsfargo.com) or call the number above if you have questions or if you would like to add new services.

Online Banking	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Account number: **7410904549**

**LAURA NICOLEAU-BERMAN  
DEBTOR IN POSSESSION  
CH 11 CASE #18-17673(NJ)**

**New York account terms and conditions apply**

For Direct Deposit use  
Routing Number (RTN): 026012881

### Overdraft Protection

**Overdraft Protection**  
This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

BCDP3-DTOL 0088660 NNNNNNNNNN NNN NNN 001 002 346 C4D965 2:206210.1



May 31, 2019 Page 2 of 3

**WELLS  
FARGO**

## Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
5/1		Deposit	1,750.00		8,494.16
5/6		Deposit	9,000.00		17,494.16
5/14		Edeposit IN Branch/Store 05/14/19 10:53:24 Am 601 Portion Rd Lake Ronkonkoma NY 4549	27,832.00		
5/14		Withdrawal Made In A Branch/Store		2,000.00 ✓	43,326.16
5/16	122	Check		2,366.40 ✓	40,959.76
5/17	127	Check		195.53 ✓	
5/17	106	Check		2,700.00	
5/17	126	Check		3,200.00 ✓	34,864.23
5/21	128	Check		650.00	34,214.23
5/30		Nbic ACH E-Check 052919 11R0Eim98Sq8044 Laura Nicoleau Berman		380.00	
5/30		Nbic ACH E-Check 052919 1Nbn5F7F7Qb10t Laura Nicoleau Berman		973.50	32,860.73
5/31	129	Check		3,200.00	29,660.73
<b>Ending balance on 5/31</b>					<b>29,660.73</b>
<b>Totals</b>			<b>\$38,582.00</b>	<b>\$15,665.43</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

### Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
106	5/17	2,700.00	126 *	5/17	3,200.00	128	5/21	650.00
122 *	5/16	2,366.40	127	5/17	195.53	129	5/31	3,200.00

\* Gap in check sequence.

### Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2019 - 05/31/2019	Standard monthly service fee \$10.00	You paid \$0.00
<b>How to avoid the monthly service fee</b>	Minimum required	This fee period
Have any <b>ONE</b> of the following account requirements		
• Minimum daily balance	\$1,500.00	\$8,494.16 <input checked="" type="checkbox"/>
• Total amount of qualifying direct deposits	\$500.00	\$0.00 <input type="checkbox"/>
• Total number of posted debit card purchases or posted debit card payments of bills in any combination	10	0 <input type="checkbox"/>
• The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card		

Monthly service fee discount(s) (applied when box is checked)

Age of primary account owner is 17 - 24 (\$10.00 discount) ☐

RC/PC

040966



May 31, 2019 ■ Page 3 of 3



### Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

**A** Enter the ending balance on this statement. \$ \_\_\_\_\_

**B** List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount
Total	\$

➤ + \$

**C** Add **A** and **B** to calculate the subtotal.

**D** List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

[illegible]

**E** Subtract **D** from **C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register.

### General statement policies for Wells Fargo Bank

■ **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

■ **In case of errors or questions about your electronic transfers,** telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any):
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

DCDP31DT0J 008860 NNNNNNNNNN NNN NNN 002 002 348 040967 21206210.1



In re Laura Nicoleau-Berman  
Debtor

Case No. 18-17673-SLM

Reporting Period: May-19

## DISBURSEMENT JOURNAL

### CASH DISBURSEMENTS

Date	Payee	Purpose	Amount
5/1-5/31/19	Cash from Support Payments	Living Expenses	2500
Total Cash Disbursements			2500

### BANK ACCOUNT DISBURSEMENTS

Date	Payee	Purpose	Amount	Check #
5/4/2019	Laura Nicoleau-Berman	Living Expenses	2000	W/D
		Prep for Rental		
16-May	Southampton Receiver of Taxes	279 Dune Rd tax	2366.4	122
5/15/2019	HCMC	279 Dune Repair	195.53	127
5/17/2019	Ocean Dunes Condo	Maintenance	3200	126
		Rental Fee		
5/15/2019	US Trustee	Trustee Fee	650	125
5/30/2019	Naragansett Bay insurance	Ins- 279 Dune Rd	380	ACH
5/30/2019	Naragansett Bay Insurance	Ins- 735 Manor Ln	973.5	ACH
5/31/2019	Ocean Dunes Condo	Maintenance	3200	
		Rental Fee		
Total Bank Account Disbursements			12965.43	

Total Disbursements for the Month	15,465.43
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May-19

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**  
(continuation sheet)

<b>BREAKDOWN OF "OTHER" CATEGORY</b>	<b>Current Month Actual</b>	<b>Cumulative Filing to Date Actual</b>
<b>Other Income</b>		
Rent 279 Dune Road	1750	
Rent 7 Warner Road	3300	
Rent 735 Manor Lane	3100	
Rent 7 Warner Road	600	
Rent 279 Dune Road (including 2500 Deposit)	27832	
Rent 7 Warner Road	2000	
<b>Other Taxes</b>		
<b>Other Ordinary Disbursements</b>		
<b>Other Reorganization Expenses</b>		

**THE FOLLOWING SECTION MUST BE COMPLETED**

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

<b>TOTAL DISBURSEMENTS</b>	15465.43
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
<b>TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES</b>	15465.43



In re Laura Nicoleau-Berman  
Debtor

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Reporting Period: Apr-19

**SUMMARY OF UNPAID POST-PETITION DEBTS**

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Mortgage	3100					3100
Rent						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Other Post-Petition debt ( <i>list creditor</i> )						
M & T Bank	3400	3400	3400	3400	17000	30600
Kondaur Capital	2700	2700	2700	2700	13500	24300
<b>Total Post-petition Debts</b>						54900

Explain how and when the Debtor intends to pay any past due post-petition debts.

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In re Laura Nicoleau-Berman  
Debtor

Case No. 18-17673-SLM  
Reporting Period: May-19

### DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		X
4	Is the Debtor delinquent in paying any insurance premium payment?		X
5	Have any payments been made on pre-petition liabilities this reporting period?		X
6	Are any post petition State or Federal income taxes past due?		X
7	Are any post petition real estate taxes past due?		X
8	Are any other post petition taxes past due?		X
9	Have any pre-petition taxes been paid during this reporting period?		X
10	Are any amounts owed to post petition creditors delinquent?		X
11	Have any post petition loans been received by the Debtor from any party?		X
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		X
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X